

SERIAL NUMBER 09/041,994	FILING DATE 03/13/98	CLASS 435	GROUP ART UNIT 1852 <i>16/6/98</i>	ATTORNEY DOCKET NO. UMM026
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APPLICANT

J. DON CHEN, WESTBOROUGH, MA; HUI LI, WESTBOROUGH, MA.

****CONTINUING DOMESTIC DATA*******
VERIFIED PROVISIONAL APPLICATION NO. 60/073,674 02/04/98
MDP 10/9/98

****371 (NAT'L STAGE) DATA*******
VERIFIED
MDP 10/11/98

****FOREIGN APPLICATIONS*******
VERIFIED
MDP 10/11/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/30/98 ** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>MDP</i> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 21
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ADDRESS

LAHIVE & COCKFIELD
28 STATE STREET
BOSTON MA 02109

TITLE

TRANSCRIPTIONAL COACTIVATOR OF STERPOD/NUCLEAR RECEPTORS AND USES THEREFORE

FILING FEE RECEIVED \$1,429	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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BIBDATASHEET

CONFIRMATION NO. 4204

Bib Data Sheet

SERIAL NUMBER 09/041,994	FILING OR 371(c) DATE 03/13/1998 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. UMM-026
APPLICANTS J. DON CHEN, WESTBOROUGH, MA; HUI LI, WESTBOROUGH, MA;				
** CONTINUING DATA ***** This appln claims benefit of 60/073,674 02/04/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/30/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 41
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 21		
ADDRESS 000959				
TITLE NUCLEIC ACID ENCODING VITAMIN D RECEPTOR RELATED POLYPEPTIDE				
FILING FEE RECEIVED 1867	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	